

No. 2
12-45
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X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **25281**
Registrar's No. **5901**

Registration District No. **318** Primary Registration District No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home 5026 Virginia ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) **60 years**

3. (a) PRINT FULL NAME **William Bailey**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **M 4** 5. Color or race **Indian** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) **1858** (Year)

8. AGE: Years **About 89** Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **Indian Territory** (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation **Laborer**

11. Industry or business _____

MOTHER FATHER

12. Name **Unknown**

13. Birthplace **Unknown** (City, town, or county) _____ (State or foreign country) _____

14. Maiden name **Unknown**

15. Birthplace **Unknown** (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant **Elizabeth Mills**
(b) Address **5026 Virginia ave**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **July 26 -47** (Month) (Day) (Year)
Washington Park

(c) Place: burial or cremation _____

18. (a) Signature of funeral director **J.W. Hughes**
(b) Address **2620 Lawton blvd**

19. (a) **III 24 1947** (Date received from Registrar) **J.F. Braden** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **oae**
(c) City or town **St Louis** (If outside city or town limits, write "RURAL") **17**
(d) Street No. **5026 Virginia** (If rural, give location) **15** **9**
(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **22** year **1947** hour **10** minute **4** M.

21. I hereby certify that I attended the deceased from **June 47** to **7/1/47** that I last saw him alive on **7/1/47** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic interstitial nephritis** Duration **?**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **13/1**

Major findings: Of operations _____ Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) _____ (Means of injury) _____

23. Signature **J.F. Braden** (M. D. or other) **0**
Address **4512 1/2 Easton** Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Clark Yocum

Licensed Embalmer No.....

3371

P. O. Address.....

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.